

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Rethink PAC

ADDRESS (number and street)

202 Bonham Rd

☐ Check if different than previously reported. (ACC)

Dedham

MA

02026

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00503870

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David N Martin

Signature of Treasurer

David N Martin

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 06 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rethink PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2012 To: M M / D D / Y Y Y Y Y Y
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		148811.33
(b) Cash on Hand at Beginning of Reporting Period.....	88307.39	
(c) Total Receipts (from Line 19)	37612.55	123184.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	125919.94	271995.45
7. Total Disbursements (from Line 31)	98065.14	244140.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27854.80	27854.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Rethink PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

36660.19

72106.76

(ii) Unitemized

100.00

225.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

36760.19

72331.76

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

50000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

36760.19

122331.76

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

852.36

852.36

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

37612.55

123184.12

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

37612.55

123184.12

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	98065.14	244140.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	98065.14	244140.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	98065.14	244140.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98065.14	244140.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36760.19	122331.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36760.19	122331.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	98065.14	244140.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	852.36	852.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	97212.78	243288.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Massachusetts Teachers Association

Mailing Address 20 Ashburton Pl

City State Zip Code
 Boston MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

66896.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 01 2012

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

31450.00

Full Name (Last, First, Middle Initial)

B. Massachusetts Teachers Association

Mailing Address 20 Ashburton Pl

City State Zip Code
 Boston MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72106.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 30 2012

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period

5210.19

In-kind - Staff time

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36660.19

36660.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Alipes CME Inc

Mailing Address 175 Portland St, 5th Floor

City
Boston

State
MA

Zip Code
02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA15.4212

Amount of Each Receipt this Period

852.36

Refund of overpayment

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

852.36

852.36

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Alipes CME Inc

Mailing Address 175 Portland St, 5th Floor

City State Zip Code
Boston MA 02114
Purpose of Disbursement
Internet consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 04 2012
Transaction ID : SB21B.4225

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Alipes CME Inc

Mailing Address 175 Portland St, 5th Floor

City State Zip Code
Boston MA 02114
Purpose of Disbursement
Internet consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 10 2012
Transaction ID : SB21B.4226

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Alipes CME Inc

Mailing Address 175 Portland St, 5th Floor

City State Zip Code
Boston MA 02114
Purpose of Disbursement
Internet consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 28 2012
Transaction ID : SB21B.4227

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Blue Team Ventures

Mailing Address 263 Huntington Ave #200

City State Zip Code
 Boston MA 02115

Purpose of Disbursement
 Research services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 04 2012

Transaction ID : SB21B.4219

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Blue Team Ventures

Mailing Address 263 Huntington Ave #200

City State Zip Code
 Boston MA 02115

Purpose of Disbursement
 Research services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 05 10 2012

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Blue Team Ventures

Mailing Address 263 Huntington Ave #200

City State Zip Code
 Boston MA 02115

Purpose of Disbursement
 Meetings expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 05 10 2012

Transaction ID : SB21B.4230

Amount of Each Disbursement this Period

101.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10101.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Chick Montana Group LLC

Mailing Address 202 Bonham Rd

City Dedham State MA Zip Code 02026

Purpose of Disbursement
Accounting and compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2012**Transaction ID : SB21B.4222**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Chick Montana Group LLC

Mailing Address 202 Bonham Rd

City Dedham State MA Zip Code 02026

Purpose of Disbursement
Accounting and compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 31 2012**Transaction ID : SB21B.4223**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Chick Montana Group LLC

Mailing Address 202 Bonham Rd

City Dedham State MA Zip Code 02026

Purpose of Disbursement
Accounting and compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 28 2012**Transaction ID : SB21B.4224**

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Rethink PAC

A. Crawford Strategies, Inc.

Mailing Address 50 Congress St, Suite 742

City	State	Zip Code
Boston	MA	02109

Purpose of Disbursement	Communications consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.4220

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. DiNicola, Seligson & Upton LLP

Mailing Address 185 Devonshire St, Suite 902

City	State	Zip Code
Boston	MA	02110

Purpose of Disbursement	
Legal services	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4228

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. ETAIN LLC

Mailing Address 30 Stonleigh Cir

City	State	Zip Code
Watertown	MA	02472

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '04' with 4 segments lit (top, bottom, left, right). The second display shows '04' with 4 segments lit (top, bottom, left, right). The third display shows '2012' with 12 segments lit (all segments).

Transaction ID : SB21B.4217

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

11500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Massachusetts Teachers Association

Mailing Address 20 Ashburton Pl

City Boston State MA Zip Code 02108

Purpose of Disbursement
In-kind - Staff time

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SB21B.4305

Amount of Each Disbursement this Period

5210.19

Full Name (Last, First, Middle Initial)

B. Elizabeth Morningstar

Mailing Address 3 Hillary St

City Boston State MA Zip Code 02129

Purpose of Disbursement
Strategic consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2012
Transaction ID : SB21B.4218

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Morningstar

Mailing Address 3 Hillary St

City Boston State MA Zip Code 02129

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2012
Transaction ID : SB21B.4232

Amount of Each Disbursement this Period

8000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21210.19

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rethink PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Morningstar

Mailing Address 3 Hillary St

City	State	Zip Code
Boston	MA	02129

Purpose of Disbursement
Strategic consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2012

Transaction ID : SB21B.4233

Amount of Each Disbursement this Period

8000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

98061.19

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Rethink PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elizabeth Morningstar

Nature of Debt (Purpose):
Strategic consulting

Mailing Address 3 Hillary St

City State
BostonZip Code
MA 02129

Outstanding Balance Beginning This Period

8000.00

Transaction ID : SD10.4207

Amount Incurred This Period

0.00

Payment This Period

8000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elizabeth Morningstar

Nature of Debt (Purpose):
Strategic consulting

Mailing Address 3 Hillary St

City State
BostonZip Code
MA 02129

Outstanding Balance Beginning This Period

8000.00

Transaction ID : SD10.4210

Amount Incurred This Period

0.00

Payment This Period

8000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►